

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033004

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 44

FILED SEP 9 1963

1. PLACE OF DEATH

a. COUNTY

MONROE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

PARIS

Length of stay in 1b

10 YRS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

FOX STREET

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

MONROE

admission)

c. CITY
OR TOWN

PARIS

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

FOX STREET

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LENA

WEAVER

4. DATE
OF DEATH

Month

Day

Year

SEPT.

5

1963

5. SEX

F

6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/4/1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (City and state or country)

MO. MONROE Co.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JESSE LUE

13b. MOTHER'S MAIDEN NAME

AMANDA GUTHRIE

14. NAME OF HUSBAND OR WIFE

DECEASED
PLEAS WEAVER15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

BEULAH M. BOLDEN - PARIS, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Apoplexy with
b. HemiplegiaINTERVAL BETWEEN
ONSET AND DEATH

10 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 27, 1963, to Sept. 6, 1963 and last saw her alive on Sept. 6, 1963
Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J.G. Barnett MD.

22b. ADDRESS

Paris, Missouri

22c. DATE SIGNED

9-5-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

9/8/1963

23c. NAME OF CEMETERY OR CREMATORY

PLEASANT HILL

23d. LOCATION (City, town, or county)

5 mi. E. of PARIS, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

E. H. AGNEW - PARIS, MO.

25. DATE RECD. BY LOCAL REG.

9-6-63

26. REGISTRAR'S SIGNATURE

J.G. Barnett MD.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 13 1955

DEC 13 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.